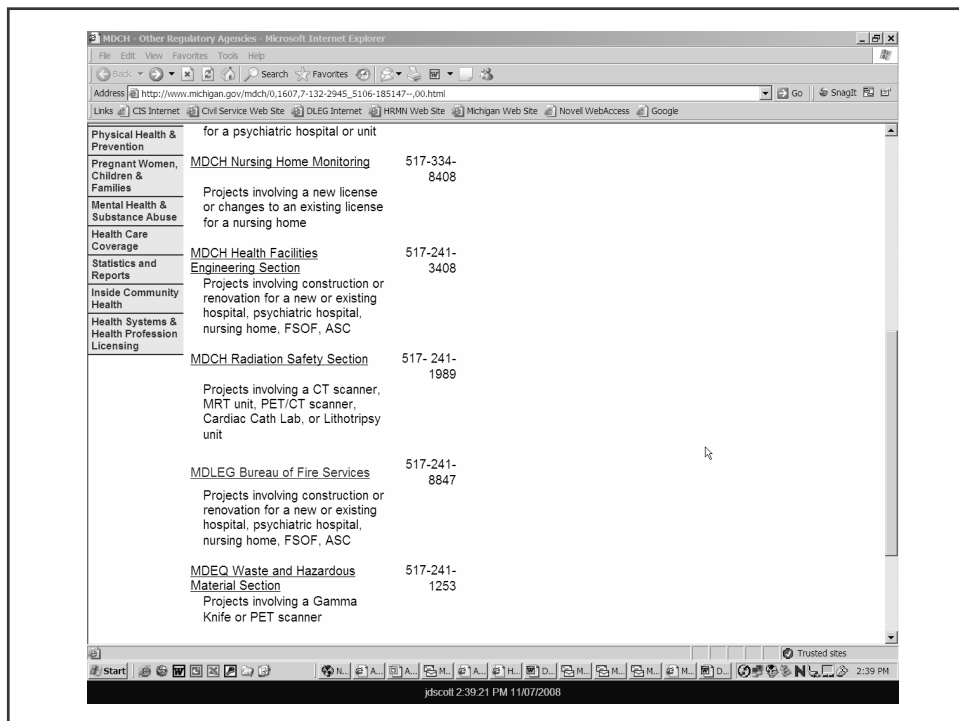
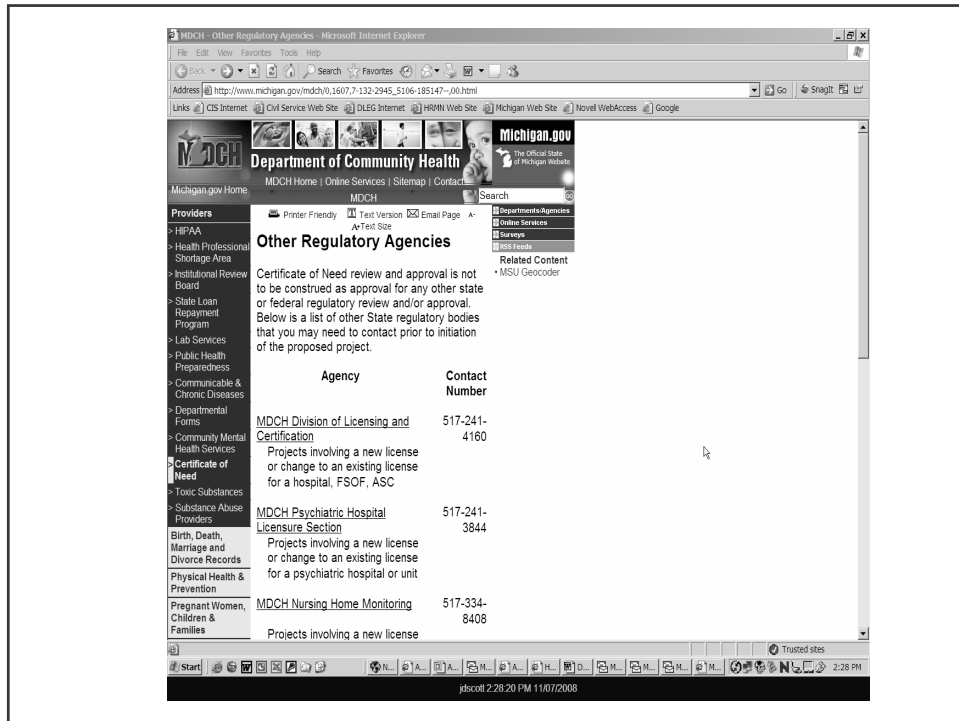


AFTER THE CON...

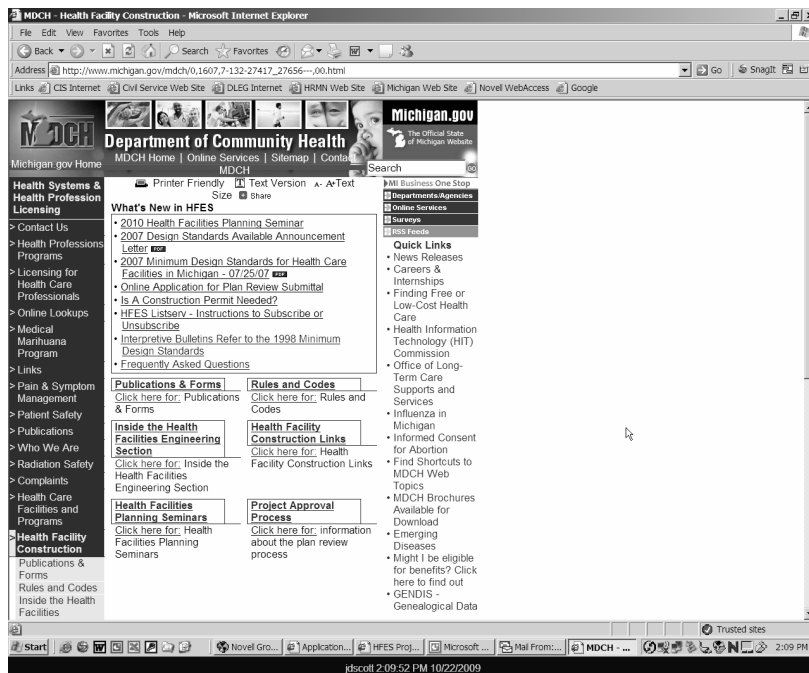
What do I do next?

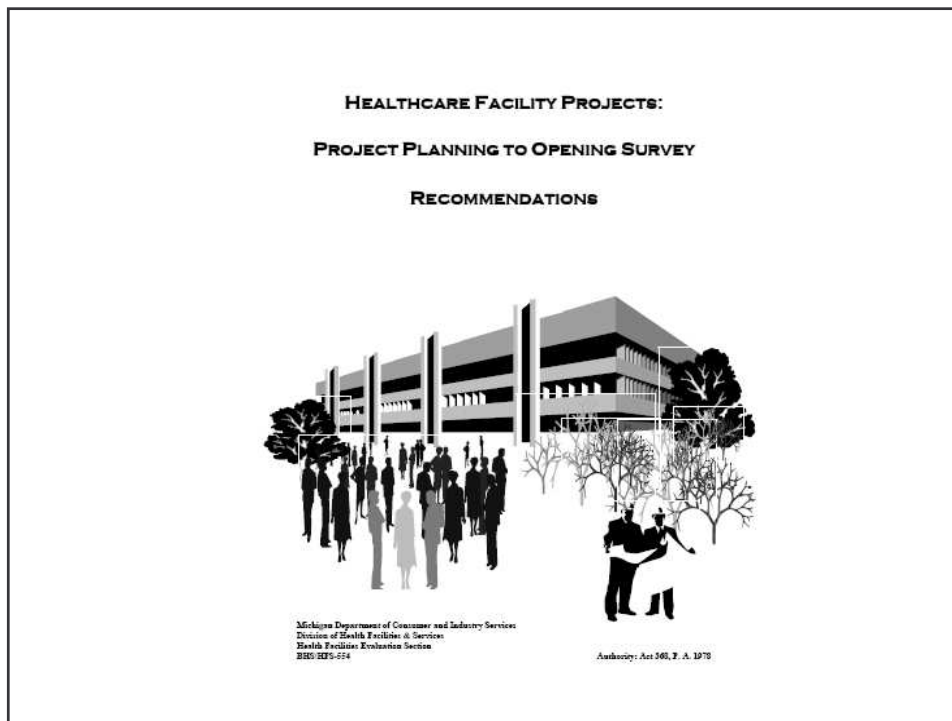
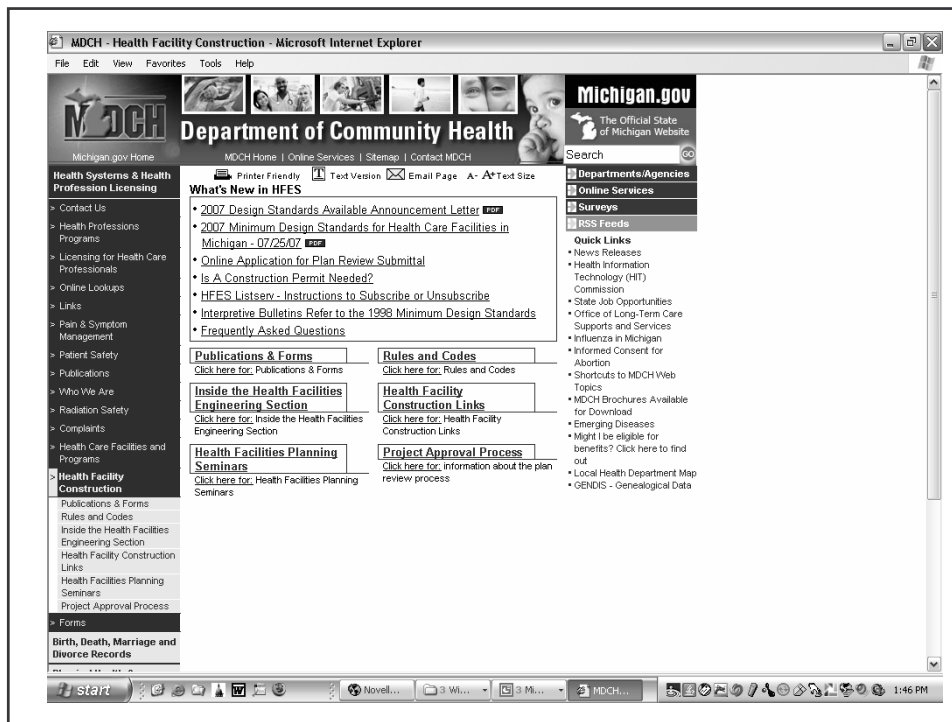
October 27, 2009

- James D. Scott
- Kim Osborn
- Thomas Owens
- Alice B. Turner
- Kenneth T. Longton



Health Facilities Engineering Section







2007
Minimum Design
Standards For
Healthcare Facilities
In Michigan

May 1, 2007

What to Submit to HFES



- Application
- Sealed Drawings
- Fee (in the form of a check)
- **Operational Narrative**

* Project will not be reviewed until all of the above items have been submitted.

Michigan Department of Community Health Health Facilities Engineering Section - APPLICATION FOR PLAN REVIEW 300 S. Waverly Street - 4th Floor Lansing, MI 48913 - (517) 241-3426			
Facility Name:		Address:	
City:	State:	County:	Zip Code:
Project Description:			
Facility Type (Please Check) <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Dialysis <input type="checkbox"/> Freestanding Surgical Outpatient Facility (FSOF) <input type="checkbox"/> Home for the Aged <input type="checkbox"/> Hospice Residence <input type="checkbox"/> Other _____	Which version of the Michigan Design Standards will you use? <input type="checkbox"/> 2007 Standards <input type="checkbox"/> 1998 Standards	Certificate of Need Information Does this project require a Certificate of Need? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes: CON #: _____ Date Approved: _____	
Submital Requirements Please verify ALL of these items are included in your submital. Incomplete submitals will delay plan review. Application for Plan Review Check made payable to the STATE OF MICHIGAN Operational Narrative One Set of Drawings Schematic <input type="checkbox"/> Preliminary <input type="checkbox"/> or Sealed Final <input type="checkbox"/>		REQUIRED PLAN REVIEW FEE \$ _____ (Rounded off to the nearest dollar) FEE SCHEDULE Calculate the amount of your Plan Review Fee based on the ESTIMATED CAPITAL EXPENDITURE. Fees may be adjusted at the discretion of the project based on the final value used. A) 3% of the first \$1,000,000 B) 40% of the amount over \$1,000,000 C) Maximum of \$60,000	
Contact/Owner's Representative (Please print or type) Contact Person: _____ Company/Facility Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Country: _____ Telephone: _____ Fax: _____ E-Mail Address: _____			
Architect (Please print or type) Architect's Name: _____ Company/Facility Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Country: _____ Telephone: _____ Fax: _____ E-Mail Address: _____			
[For Internal Use Only] Date Check Received: _____ Check # _____ Check Amount: _____ Staff Assignment: _____ Staff Facility # _____ HFES Project # _____			

Please mail the Application for Plan Review, your check made payable to the STATE OF MICHIGAN, the set of drawings, specifications, and an operational narrative to the address listed on top. A word processing reproduction of this form is acceptable if it is "hard" in format and content. Photocopies are acceptable. You can obtain a copy of this form by visiting our web site at: <http://www.michigan.gov/dca>



The Health Facility Engineering Section (HFES) reviews the design and construction of healthcare facilities to ensure that safe, efficient, and effective delivery of healthcare is supported.

A construction permit is issued for hospitals, FSOF, nursing homes, and ESRD facilities based on submittal of contract documents that substantially comply with the Minimum Design Standards for Health Care Facilities in Michigan.

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
HEALTH FACILITIES EVALUATION SECTION
DIVISION OF HEALTH FACILITIES & SERVICES

PERMIT FOR CONSTRUCTION

Grace Hospital 6071 West Outer Drive Detroit, MI 48235	PERMIT #02-203P01 DATE ISSUED: 11/13/02 DATE EXPIRED: 11/13/03
--	--

This permit is issued under provisions of Act 348 P.A. 1978 and P.A. 13 of 1993, for construction, alterations, or improvements.
Issuance of a permit in no way supercedes requirements for compliance with applicable building codes and regulations or other agencies.

DESCRIPTION OF PROJECT
This project involves renovation of the Cytoscopy Center at Sinai-Grace Hospital.
The licensed bed complement of this facility will not change as a result of this project.
HIFES Project Number: 02-203
CN Number: N/A
CN Approved: N/A
FS Approved: 09/11/02

James D. Scott, P.E., Chief
Health Facilities Evaluation Section

LC-509 The requirement for obtaining this form is governed by Section 20147 of Act 366, of P.A. 1978.







**Michigan Department of Community Health
Bureau of Health Facilities
Health Facilities Engineering Section**

FACILITY TRANSMITTAL SHEET

TO:	Ms. Linda Burns	EFFECTIVE DATE:	November 7, 2008
RE:	FMC DIALYSIS SERVICES - DUNDEE BHS ID: 585614	BHS FAC ID	585614
ADDRESS:	FMC DIALYSIS SERVICES - DUNDEE (585614) 129 HELLE BOULEVARD DUNDEE, MI 48131	COUNTY:	MONROE
HFES Permit:	1	CON #:	N/A
Room Sheets Available On Care Net?			N/A
Recommended Maximum Bed Capacity:			N/A
# of beds recommended is the same as existing license/certification (if no, explain in remarks)			N/A
Facility Type:			
HOSPITAL		NH	
Obstetrics		CMCF	
Pediatrics		GKTC	
NIC/SNNU		Hospice	
Med/Surg		Home for Aged	
Psychiatric		ESRD (#of Stas.)	16
Other (Type)		FSOF (#of ORs)	
REMARKS	16 hemodialysis chair stations		
BFS Approved By	N/A	Date:	N/A
Submitted By:	Laura Pettit	Date:	Nov 7, 2008

How to Contact HFES

- Phone: 517 241-3408
- Fax: 517 241-3423
- Web: www.michigan.gov/hfes

Dept of Energy Labor & Economic Growth
Bureau of Fire Services

- **Regulated Facilities:** Hospitals, Nursing Homes, Hospice Residence, Freestanding Outpatient Facilities, Ambulatory Surgical Centers
- Plan Review and Inspection for occupancy
- Annual Licensure Inspections
- Certification for Medicare/Medicaid surveys

DELEG/Bureau of Fire Services

- 2009 Administrative Rules For Health Care Facilities Fire Safety
- Effective July 28, 2009
- Adopts the 2006 NFPA LSC 101, with Michigan amendments
- www.michigan.gov/bfs

Bureau of Fire Services



DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
STATE FIRE SAFETY BOARD
HEALTH CARE FACILITIES FIRE SAFETY

(By authority conferred on the bureau of fire services by section 30 of 1941 PA 207, MCL 29.3c, and ERO 2008-4, MCL 445.2025)

PART 1. GENERAL PROVISIONS

R 29.1801 Applicability.

Rule 1. (1) These rules apply to all of the following new and existing health care and mental health care facilities:
(a) Freestanding surgical outpatient facilities.
(b) Hospitals.
(c) Nursing homes.
(d) Homes for the aged.
(e) Psychiatric hospitals and psychiatric units.
(f) Hospice facilities.
(2) County medical care facilities are considered nursing homes for the purpose of these rules.

History: 2001 AAC; 2009 MR 10, Eff. July 28, 2009.

R 29.1802 Life safety code; adoption by reference; access to Michigan rules as referenced.

Rule 2. (1) The provisions of chapters 1 to 10, 11, 18, 19, 20, 21, 22, 23, 38, 39, and 43 of the national fire protection association (NFPA) standard no. 101, 2006 edition, entitled "Life Safety Code," referred to in these rules as "code," are adopted by reference as part of these rules.



www.nfpa.org

Project Submittal to BFS

- Application for Fire Safety Plan Examination (BFS-979)
- Architectural drawings signed and sealed by an architect or professional engineer licensed in the SOM.
- Specifications on disk
- Fee (payable to SOM)

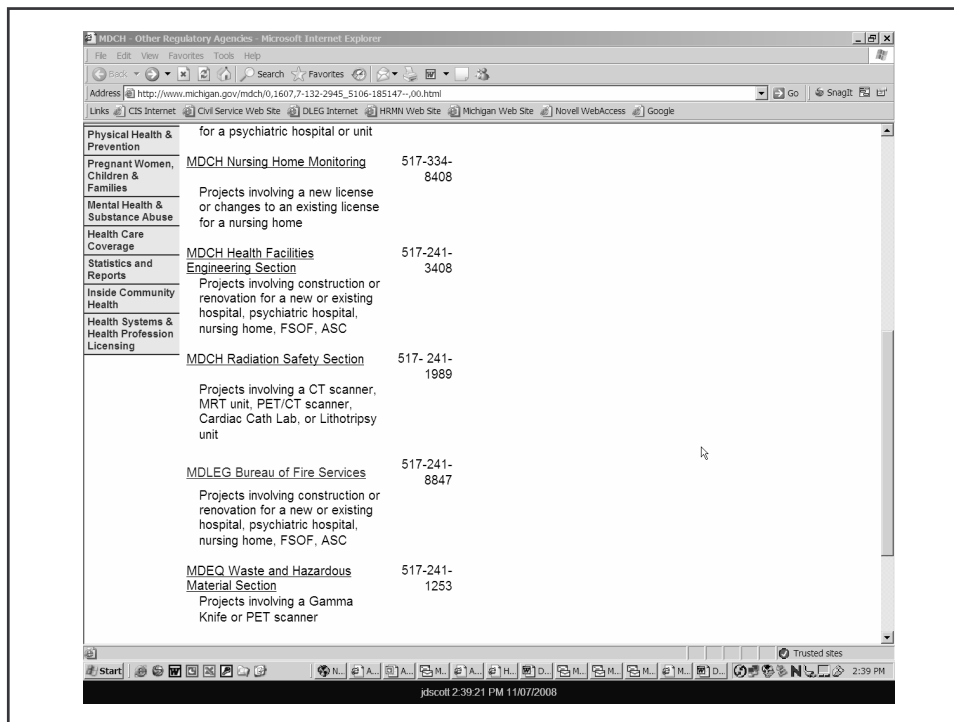
BFS Application

[illegible]

How to Contact BFS



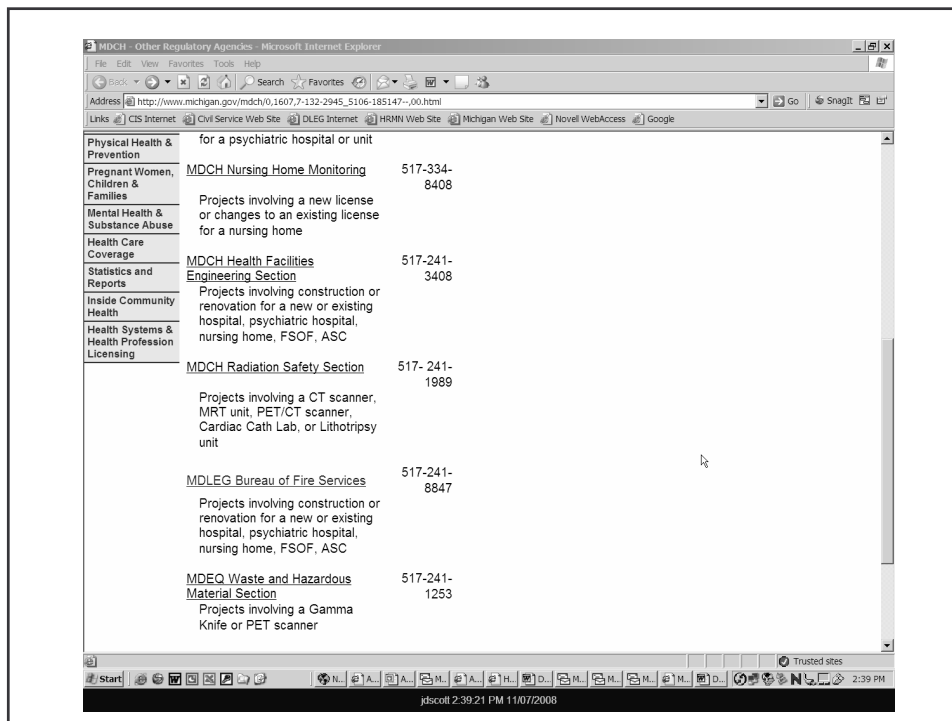
- Telephone: (517) 241-8847
- Fax: (517) 335-4061
- Web: www.michigan.gov/bfs



Radiation Safety Section

How to Contact RSS

- Phone: 517 241-1989
- Fax: 517 241-1981
- Web: www.michigan.gov/rss



Division of
Nursing Home Monitoring

AFTER THE CON...

**ALICE TURNER MPH, BSN
DIRECTOR
DIVISION OF NURSING
HOME MONITORING**

YOU WILL NEED:

- **THE FIRE SAFETY APPROVAL AND...**
- **THE ENGINEERS APPROVAL...**
- **NOW YOU ARE READY FOR NURSING HOME MONITORING...**

INITIAL LICENSURE AND CERTIFICATION REQUIRES THE COMPLETION OF FORMS AT:

- **[www.michigan.gov/mdch/0,1607,7-132-27417 27655 27662-123851--00.html](http://www.michigan.gov/mdch/0,1607,7-132-27417_27655_27662-123851--00.html)**
- **Applicants can also receive CMS documents for Medicare/Medicaid Certification at**
- **<http://www.cms.hhs.gov/forms/>**

- **All of these forms must be completed before an onsite visit will be performed.**
- **The onsite visit will include a tour of all resident care areas.**
- **The resident care areas must have all policy and procedure manuals in place.**
- **All necessary supplies to provide care should be in place.**

NO RESIDENTS CAN BE ADMITTED YET!

- **AFTER THE INITIAL LICENSURE SURVEY YOU MUST PAY FOR AND OBTAIN A LICENSE.**
- **YOU CANNOT BRING YOUR PAYMENT TO LANSING AND RECEIVE YOUR LICENSE IMMEDIATELY.**

ADMITTING RESIDENTS!

- **YOU MUST RECEIVE YOUR LICENSE BEFORE CALLING THE LICENSING OFFICER FOR PERMISSION TO ADMIT RESIDENTS.**
- **AFTER 5-10 RESIDENTS ARE ADMITTED THE ADMINISTRATOR MUST CALL FOR A SURVEY TO REVIEW THE FUNCTIONING OPERATION OF THE NURSING HOME.**

REMEMBER:

- **THIS IS NOT A CERTIFICATION SURVEY UNLESS CMS GIVES THE STATE PERMISSION TO PERFORM A CERTIFICATION REVIEW AS WELL, PER THE S & C MEMO 08-03, DATED NOVEMBER 2007.**
- **A CERTIFICATION SURVEY WHEN COMPLETED ALSO REQUIRES AN INITIAL FIRE SAFETY SURVEY.**

IF YOU HAVE QUESTIONS:

- **FOR QUESTIONS ON YOUR LICENSE:**

- **CALL CINDY LANDIS**

- **517-334-8419**

- **FOR MDS QUESTIONS:**

- **CALL SHEILA BONAM**

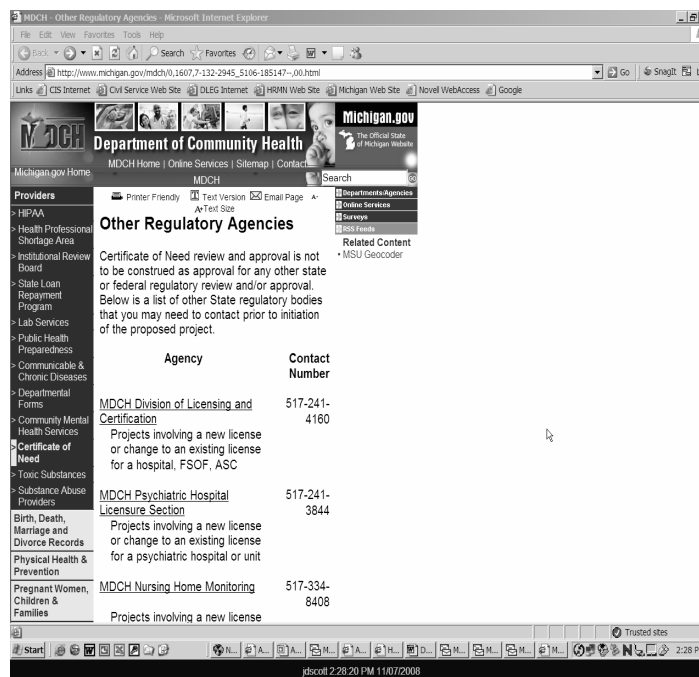
- **313 456-0309**

OFFICE PHONE NUMBERS

- **LANSING OFFICE 517-334-8408**

- **DETROIT OFFICE 313 456-0340**

- **GAYLORD OFFICE 989-732-8062**



Division of Licensing & Certification

Division of Licensing & Certification

- CoN approval affects the process for licensing of:

Hospitals-new facilities, swing bed issues, total bed changes/transfers, change of ownership, etc.

Freestanding Surgical Outpatient Facilities-new, change of ownership, relocation, etc.

Division of Licensing & Certification

- CoN approval also affects the process for licensing of:

Hospice Residence that are long term care programs- new, change of ownership

Psychiatric Inpatient programs

Division of Licensing & Certification

■ CoN is **not** needed for:

Hospice, Home Health Agencies, Outpatient Physical Therapy, Comprehensive Outpatient Rehab Facility, Portable X-Ray, Clinical Laboratory, Substance Abuse Programs, End Stage Renal Dialysis, Psychiatric Partial Hospitalization, Hospice Residence that are not LTC based

How to Contact L & C

- Ken Longton - 517. 241.1437
- Richard Benson - 517.241.2640
- Linda Burns – 517.241.4160
- Fax: 517. 241.3354

Questions?